

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SP		9-20-01
O.I.P.E. CLASSIFIER		20	9/20/01
FORMALITY REVIEW	MS	277	10/27/01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/27/01
2	✓	✓	10/27/01
3	✓	✓	10/27/01
4	✓	✓	10/27/01
5	✓	✓	10/27/01
6	✓	✓	10/27/01
7	✓	✓	10/27/01
8	✓	✓	10/27/01
9	✓	✓	10/27/01
10	✓	✓	10/27/01
11	✓	✓	10/27/01
12	✓	✓	10/27/01
13	✓	✓	10/27/01
14	✓	✓	10/27/01
15	✓	✓	10/27/01
16	✓	✓	10/27/01
17	✓	✓	10/27/01
18	✓	✓	10/27/01
19	✓	✓	10/27/01
20	✓	✓	10/27/01
21	✓	✓	10/27/01
22	✓	✓	10/27/01
23	✓	✓	10/27/01
24	✓	✓	10/27/01
25	✓	✓	10/27/01
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28	✓	✓	10/27/01
29	✓	✓	10/27/01
30	✓	✓	10/27/01
31	✓	✓	10/27/01
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35	✓	✓	10/27/01
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40	✓	✓	10/27/01
41	✓	✓	10/27/01
42	✓	✓	10/27/01
43	✓	✓	10/27/01
44	✓	✓	10/27/01
45	✓	✓	10/27/01
46	✓	✓	10/27/01
47	✓	✓	10/27/01
48	✓	✓	10/27/01
49	✓	✓	10/27/01
50	✓	✓	10/27/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

855  
 10/12  
 3/12  
 12